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CONFIRMATION NO. 9297

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/781,568		604	3761	539.5005.1

APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/447,989 02/18/2003

** FOREIGN APPLICATIONS ***** none

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

05/12/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MN	12	67 60	4

ADDRESS

MEDTRONIC, INC.
 710 MEDTRONIC PARKWAY NE
 MINNEAPOLIS, MN 55432-9924
 UNITED STATES

TITLE

Occlusion resistant hydrocephalic shunt

FILING FEE RECEIVED 1832	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit